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**AUG 29 2005**

PTO/SB/22 (12-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) <b>532792001100</b>																														
Application Number	10/630,518	Filed <b>July 29, 2003</b>																														
<b>For GENETIC CONTROL OF ORGAN ABSCISSION</b>																																
Art Unit	<b>1638</b>	Examiner <b>S. Baum</b>																														
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: right; padding-bottom: 5px;"><u>Fee</u></th> <th style="text-align: right; padding-bottom: 5px;"><u>Small Entity Fee</u></th> <th style="text-align: right; padding-bottom: 5px;"><u>\$</u></th> <th style="text-align: right; padding-bottom: 5px;"><u>60.00</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$120</td> <td style="text-align: right;">\$60</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">60.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$450</td> <td style="text-align: right;">\$225</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"> </td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$1020</td> <td style="text-align: right;">\$510</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"> </td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$1590</td> <td style="text-align: right;">\$795</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"> </td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$2160</td> <td style="text-align: right;">\$1080</td> <td style="text-align: right;">\$</td> <td style="text-align: right;"> </td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>	<u>\$</u>	<u>60.00</u>	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	60.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$		<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$		<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$		<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
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<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p>																																
<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,651</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34</p>																																
<u>Michael R. Ward</u> Signature		<u>August 29, 2005</u> Date																														
<u>Michael R. Ward</u> Typed or printed name		<u>415/268-6237</u> Telephone Number																														
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> Forms are submitted.</p>																																

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